

The Use of Drugs Containing Narcotic Substances for the Purpose of Abuse Among Young People

1. Hiba Hamza Rasheed
2. Marwah Isam Sulaiman
3. Dhefah Radhi Mahdi

Received 2nd Aug 2023,
Accepted 19th Aug 2023,
Online 29th Sep 2023

¹ Tikrit University, College of Science -
Department of Chemistry

^{2,3} Tikrit University, College of Science -
Department of biology

Abstract: The availability of some over-the-counter medications and substance use disorders are global problems that have an impact on a lot of people's mental and physical health. Drug abuse is an issue throughout the world, and drug usage is hazardous. Adolescence is often when substance misuse starts. There are both protective and risk variables associated with drug usage. Therefore, the purpose of this essay is to pinpoint the risk and mitigating variables for teenage drug usage globally. This review sought out to categorize the dangers and safeguards that influence adolescent use of drugs in the three fundamental spheres of the person, family, and society in order to better comprehend these.

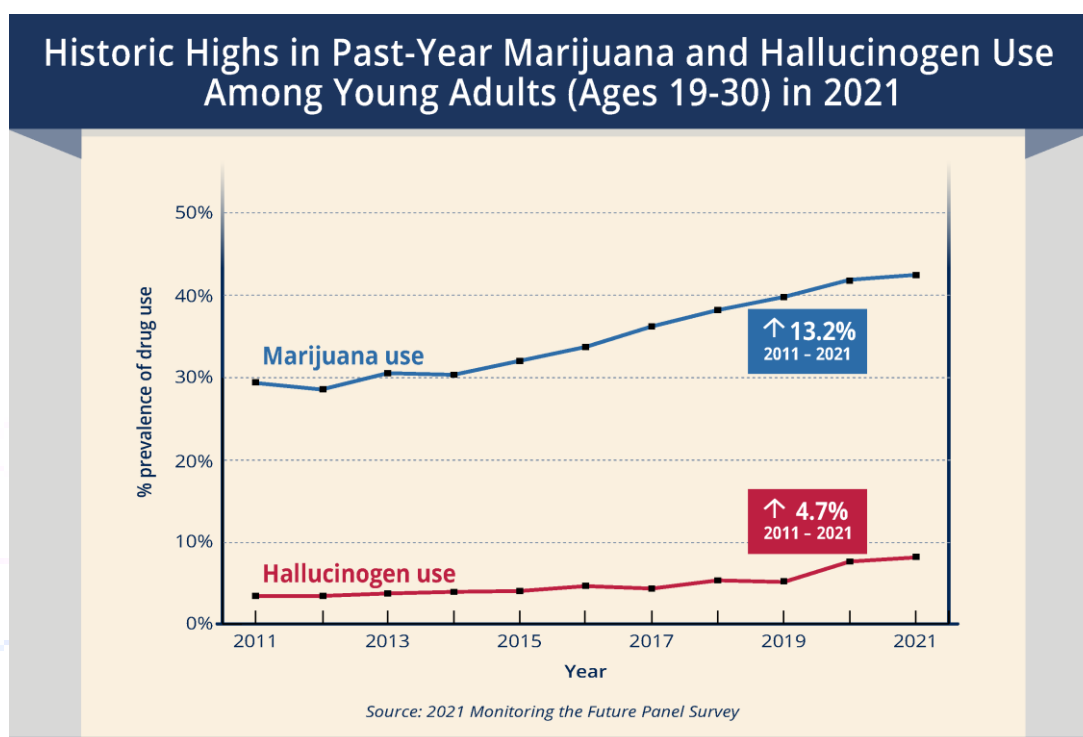
Key words: Drugs, Young people, Risk Factors.

Introduction

The increased prescription medication abuse affects global health negatively.. The use of prescription drugs, whether obtained with a prescription or not, outside of the method, purposes, This kind of use includes using a medicine for a purpose it was not intended for, within a time range indicated, or by someone else. Uncertainty about the problem's real scope is partly caused by a lack of information on the non-medical use of prescription drugs and, in part, due to the fact that there are many monitoring gaps for their legitimate medical usage when supplied by medical practitioners (which makes it possible for these pharmaceuticals to be diverted to those to whom they were not given). Drug abuse affects 5.6% of persons worldwide between the ages of 12 and 17. ^[1] The majority of research and monitoring tools for substance misuse are focused on alcohol, cigarettes, or illicit narcotics. Prescription drug abuse, on the other hand, is a distinct subset of substance abuse and necessitates different degrees of attention. Due to the absence of protective factors and teenagers are more inclined to take drugs when risk factors are present. Risk components consist of gender, easy access to drugs, poverty, inadequate parental supervision and connections, early beginnings of mental and behavioral health disorders, peer pressure, underdeveloped schools, and a dysfunctional family structure. Other risk factors ^[2] include lack of opportunity, lack of opportunity, isolation, and lack of opportunity. Some of the protective factors include a high feeling of self-worth, faith, grit, peer pressure, self-control, parental supervision, academic excellence, anti-drug use laws, and a strong sense of communal connectivity. A person considerably increases their chance of being addicted when they consume narcotics over a considerable amount of time ^[3,4,5,6,7,8]. This is especially true if they are taking the medication against a doctor's advice. Because they briefly make a person feel good, narcotics have the

potential to be addicted because the user develops a want for those emotions. Additionally, occasionally the medicine becomes necessary for the person's body to operate correctly. They have a physical reliance on the narcotic chemical when this occurs.

Studies that have tracked children into adults over a long period of time have shown that the chance of using drugs like opiates and cocaine increases with early beginning of marijuana, alcohol, and cigarette usage ^[9]. Genetic, biological in nature and sociocultural variables are linked to this development, according to epidemiological and laboratory research that has examined this association ^[10].



Using illicit substances, such as anabolic steroids or club drugs, is a kind of drug use or misuse.

Cocaine

heroin inhalation

Marijuana

Methamphetamines

Misuse of prescription drugs, particularly drugs such as opioids This entails using the medication otherwise than as your doctor prescribed. It involves ingesting a medication that was created for someone else. Taking the drug in an unrecommended manner or taking a dosage that is higher than advised. You might snort, inject, or snort your medications rather than taking them by mouth. using the medication for a different objective, such as obtaining high. Misusing over-the-counter medications includes using against what they had in mind use and in ways that are not recommended.

Risk factors

1. Childhood abuse history

The "difficult child" syndrome and psychopathological characteristics of hyperactivity and antisocial behaviors in childhood personality are predictive of subsequent substance misuse, particularly when these symptoms last into adolescence. Family dysfunction, parental substance abuse, poor academic achievement and dedication, and affiliation with friends who use drugs are important interpersonal risk

factors. A schema depicts hypothesized drug usage patterns that can be predicted and are made up of different risk variables. It is suggested that varying levels of drug participation can be explained by the origin, emergence, and amount of risk variables.

2. Substance Abuse in the Family

The effects on cognitive development play a crucial role in understanding the causes of risk factors when discussing juvenile drug use. Because of the enormous brain development that occurs throughout adolescence, stress sensitivity and risk-taking behaviors are more sensitive at this period (13–15). Conflicts in the family or society, maltreatment, and other stressful conditions may increase a person's reactivity to addictive drugs and increase their chance of developing a substance use disorder [11, 12].

3. Environmental Risk Factors in Adolescence and Childhood

From the time a child is born until they reach puberty, the environment has a significant impact on how they grow. Poverty, mental illness, being a member of a minority group, and many other environmental risk factors may have an impact on development; nevertheless, it is when numerous risk factors interact with one newborn that the most negative consequences are produced.

Specific Risk Factors

Individual risk factors for drug misuse may be divided into different age groups. For instance, youngsters under the age of 18 experiment with drugs for a variety of reasons, including peer pressure, interpersonal trauma, racial or ethnic identity, gender, and social position. Academic stress, long-term prescription drug use following minor surgery, a bad relationship with parents, and long-term prescription drug usage after minor surgery are all significant contributors to substance misuse amongst adolescents aged between 18 and 25. Adults between the ages of 26 and 64 must strike a balance between work and family life and frequently confront significant life obstacles. This frequently raises the risk of substance dependence, particularly for those who employment in a stressful industry like the military, law, or medical. Losing a close friend or family member or experiencing bereavement can lead to drug or alcohol addiction. Last but not least, people over 65 may take drugs inappropriately due to a variety of challenges include loss, enduring illnesses, receiving inadequate treatment, and social isolation [13].

Peer Risk Factors

A number of factors, such as the absence of family support, peer pressure, and other factors, can have an impact on substance abuse. distinctive components. Peer pressure is one of the strongest reasons why individuals begin taking drugs. But those who intentionally consume drugs with their friends often do so for a number of reasons, such as loyalty to their families, affinity for certain social groupings, or connections with drug users. People usually look to these groups or gangs for the safety they provide. However, peer pressure may also persuade someone to start smoking or drinking when they're out with friends, which might lead to the use of illicit drugs. associated disorders

A dual diagnosis occurs when two illnesses are present, such as severe mental disease and drug addiction problems. disorders of anxiety, bipolar illness, depression, and attention [15]. Additionally, they could develop into severe mental illnesses and ultimately lead to drug misuse problems.

Genetic Variation

Addiction has been linked to both hereditary and environmental factors. The ability of patients to respond to therapy and the ability to avoid illness may both be improved by understanding when a person's genetic makeup influences how they develop addiction. Finding the genes necessary for neuroadaptation through the use of genome-wide approaches and candidate gene studies will allow researchers to examine the basic significance of the genetic component of drug addiction. [16].

Numerous studies have found a connection between genetic variation and drug abuse. Men from Jordan having Arab origin took part in one such study. Nearly 498 people were found to be dependent on one or more drugs, including alcohol (5.5%), Cannabis (19.6%), synthesized cannabinoids (47.5%), and amphetamine (5.7%). Cocaine (1.1%), benzodiazepines (4.6%), opiates (4.4%), and cannabis (0.4%). One medication was utilized in 89% of the instances. However, 11% of the study's addict participants took various substances.

Material use history

Drug misuse in the past significantly influences the likelihood of developing addiction in the future. A substance use disorder may emerge later in life if alcohol and drug use occurs before adolescence. Additionally, it has been discovered that alcohol usage at various ages is associated with the chance of misuse and addiction. According to one study, starting to drink before the age of 11 probably to result in adult alcohol misuse [17]. Additionally, a greater risk of later cannabis and alcohol use has been linked to early tobacco use and continuing tobacco use during adolescence [18,19].

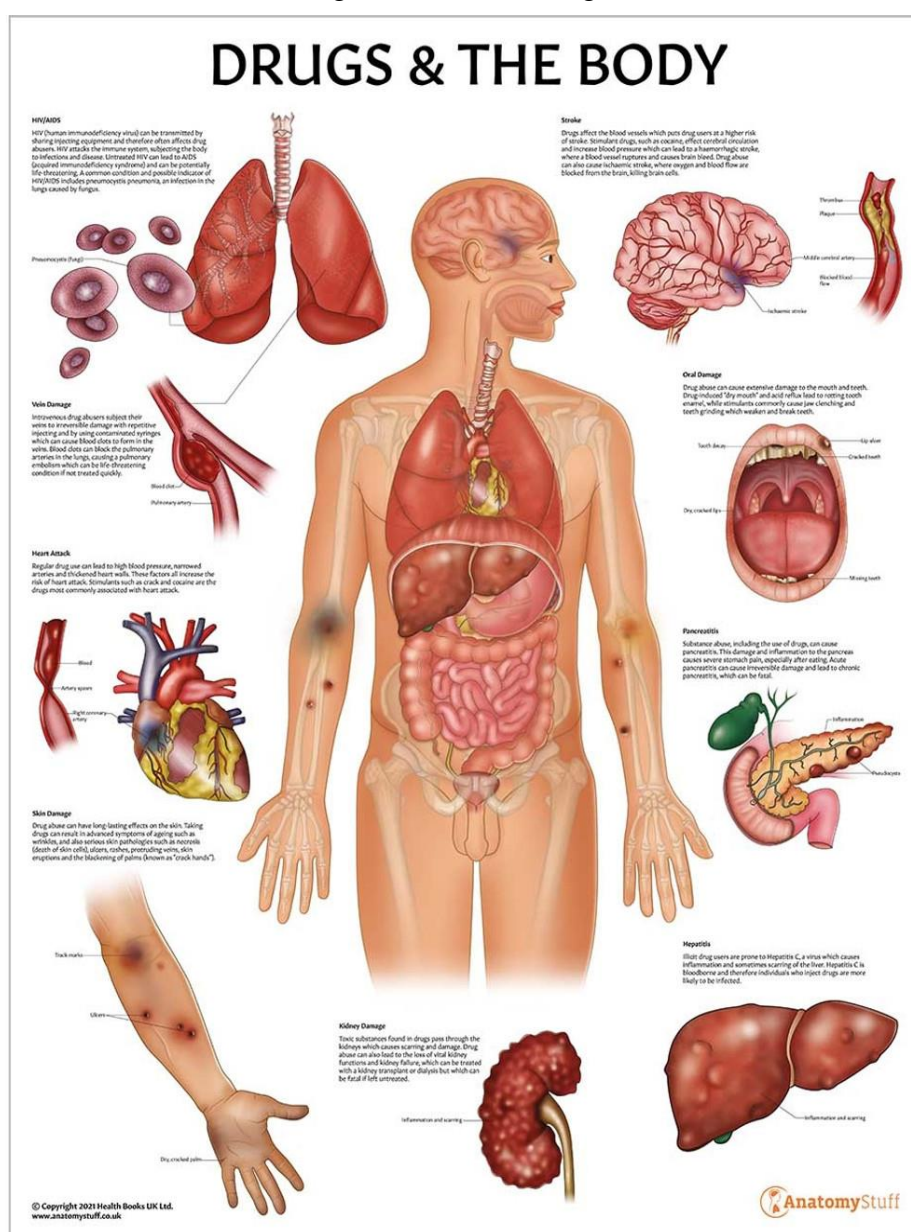


Fig 1: Drugs effects on human body^[20]

References

1. Nation, U. World Drug Report 2018 (United Nations publication, Sales No. E.18X.XI.9. United Nation publication). 2018.
2. Somani, S.; Meghani S. Substance Abuse among Youth: A Harsh Reality, 6, 4. (2016. doi: <https://doi.org/10.4172/2165-7548.1000330>)
3. Drabble L, Trocki KF, Klinger JL. Religiosity as a protective factor for hazardous drinking and drug use among sexual minority and heterosexual women: findings from the National Alcohol Survey. *Drug Alcohol Depend.*;161:127–3(2016).
4. Goliath V, Pretorius B. Peer risk and protective factors in adolescence: Implications for drug use prevention. *Soc Work.*;52(1):113–29(2016). <https://doi.org/10.15270/52-1-482>.
5. Guerrero LR, Dudovitz R, Chung PJ, Dosanjh KK, Wong MD. Grit: a potential protective factor against substance use and other risk behaviors among Latino adolescents. *Acad Pediatr.*;16(3):275–81(2016). <https://doi.org/10.1016/j.acap.2015.12.016>.
6. National Institutes on Drug Abuse. What are risk factors and protective factors? National Institute on Drug Abuse (NIDA); 2003. Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>
7. Nguyen NN, Newhill CE. The role of religiosity as a protective factor against marijuana use among African American, White, Asian, and Hispanic adolescents. *J Subst Abus.* 2016;21(5):547–52. <https://doi.org/10.3109/14659891.2015.1093558>.
8. Schinke S, Schwinn T, Hopkins J, Wahlstrom L. Drug abuse risk and protective factors among Hispanic adolescents. *Prev Med Rep.*;3:185–8(2016). <https://doi.org/10.1016/j.pmedr.2016.01.012>.
9. Denise Kandel, “Stages in adolescent involvement in drug use”, *Science*, vol. 190, No. 4217 (November 1975), pp. 912–914. Michael T. Lynskey and others, “Escalation of drug use in early-onset cannabis users vs. co-twin controls”, *Journal of the American Medical Association*, vol. 289, No. 4 (January), pp. 427–433(2003).
10. Arpana Agrawal, Carol A. Prescott and Kenneth S. Kendler, “Forms of cannabis and cocaine: a twin study”, *American Journal of Medical Genetics, Part B Neuropsychiatric Genetics*, Denise Kandel and Eric Kandel, “The gateway hypothesis of substance vol. 129B, No. 1 (May), pp. 125–128; (2004).
11. Uhart M, Wand GS. Stress, alcohol and drug interaction: an update of human research. *Addiction Biology.*;14(1):43–64(2009).
12. Andersen SL, Teicher MH. Desperately driven and no brakes: developmental stress exposure and subsequent risk for substance abuse. *Neuroscience and Biobehavioral Reviews.*;33(4):516–524(2009).
13. Individualized approach to primary prevention of substance use disorder: age-related risks. Afuseh E, Pike CA, Oruche UM. *Subst Abuse Treat Prev Policy.* 15:58(2020).
14. Etiology of drug abuse: a narrative analysis. Jadidi N, Nakhaee N. *J Addict.* 2014;352835:(2014).
15. Psychiatric disease and drug abuse. Santucci K. *Curr Opin Pediatr.*;24:233–237(2012).
16. The epidemiology of dual diagnosis. Kessler RC. *Biol Psychiatry.*;56:730–737(2004).

17. Identifying early risk factors for addiction later in life: a review of prospective longitudinal studies. Morales AM, Jones SA, Kliamovich D, Harman G, Nagel BJ. *Curr Addict Rep.*;7:89–98(2020).
18. Child maltreatment and cannabis use in young adulthood: a birth cohort study. Mills R, Kisely S, Alati R, Strathearn L, Najman JM. *Addiction.* 112:494–501(2017).
19. Adolescent risk factors for excessive alcohol use at age 32 years. A 16-year prospective follow-up study. Huurre T, Lintonen T, Kaprio J, Pelkonen M, Marttunen M, Aro H. *Soc Psychiatry Psychiatr Epidemiol.* 45:125–134(2010).
20. Gatta, G.; Cortesi, M.; Fantozzi, S.; Zamparo, P. Planimetric frontal area in the four swimming strokes: Implications for drag, energetics and speed. *Hum. Mov. Sci.*, 39, 41–54(2015).

